

**FORM 2\***

**Disclosure of Owners, Investors, Managers and Controlling Parties**

Part I: Ownership Structure						
<p>List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.</p>						
Name William Rivera		Title Member and Procurement Officer		SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]		City Feeding Hills	State MA	ZIP 01030	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) N/A			Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]	
Name John K. Dougherty		Title Member and Human Resources Director		SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]		City Southwick	State MA	ZIP 01077	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) N/A			Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]	
Name Pamela M. Dougherty		Title Member and Chief Executive Officer		SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Rhode Island Department of Business Regulation**  
**Application for Medical Marijuana Cultivator License**

Address [REDACTED]		City Southwick	State MA	ZIP 01077	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]	
Name Zachary P. Dougherty		Title Member and Chief Operating Officer	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]		City Southwick	State MA	ZIP 01077	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]	
Name N/A		Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	ZIP	Phone Number ( )
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Name N/A		Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	ZIP	Phone Number ( )
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Name N/A		Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	ZIP	Phone Number ( )

Rhode Island Department of Business Regulation  
Application for Medical Marijuana Cultivator License

Business Associated with (Parent business or sub-entity)	Own. % Business Associated with	Effective Own. % in Applicant

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest
45 COMMERCE, LLC	N/A		



Authorized Signatory

John Dougherty, Member

Printed Name

4/28/2017

Date